| DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION | FORM APPROVED OMB NO. 0938-0193 |
|--|--|
| | 1. TRANSMITTAL NUMBER: 2. STATE: |
| TRANSMITTAL AND NOTICE OF APPROVAL OF | 2000-06 Plorida |
| STATE PLAN MATERIAL HEALTH CARE FINANCING ADMINISTRATION | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) |
| TO: REGIONAL ADMINISTRATOR | 4. PROPOSED EFFECTIVE DATE |
| HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES | July 1, 2000 |
| 5. TYPE OF PLAN MATERIAL (Check One): | |
| ☐ NEW STATE PLAN ☐ AMENDMENT TO BE CO | DNSIDERED AS NEW PLAN |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) | |
| 6. FEDERAL STATUTE/REGULATION CITATION: | 7. FEDERAL BUDGET IMPACT: |
| 1902(r)(2) of the Act | a. FFY <u>2000</u> \$ <u>-0-</u> b. FFY <u>2001</u> \$ <u>-0-</u> |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: | PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): |
| Attachment 2.6-A, Supplement 12, page | 2a Attachment 2.6-A, Supplement 12, 2 |
| 10. SUBJECT OF AMENDMENT: | |
| Diversion Payments | |
| 1 VERNOR'S REVIEW (Check One): | _ |
| ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT | ☐X OTHER, AS SPECIFIED: |
| ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL | Currently in review |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL: | 16. RETURN TO: |
| - I Child Black | Mr. Bob Sharpe |
| 13. TYPED NAME: | Acting Deputy Director for Medicaid |
| Bob Sharpe 14. TITLE: | Agency for Health Care Administration Post Office Box 12600 |
| Acting Deputy Director | Tallahassee, Florida 32317-2600 |
| 15. DATE SUBMITTED: | |
| September 18, 2000 | Attention: Wendy Johnston |
| 17. DATE RECEIVED: | FICE USEONLY |
| | 18. DATE APPROVED: |
| September 22, 2000 PLAN APPROVED SE | NEGOPY ATTACHED. |
| 19, EFFECTIVE DATE OF APPROVED MATERIAL: | 20 SIEDATURE OF REGIONAL OFFICIAL: |
| July 1, 2000 | Au / Comment |
| 21: TYPED NAME: | 22 TIME Associate Regional Administrator |
| Fegure A. Graner | Division of Billooks and State Operations 1 |
| 29. REMARKS: | and the state of t |
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SUPPLEMENT 12 to ATTACHMENT 2.6-A ADDENDUM Page 2a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: FLORIDA

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The State covers low-income families and children under section 1931 of the Act.

X The agency uses less restrictive income and resource methodologies than those in effect as of July 16, 1996, as follows:

All wages paid by the Census Bureau for temporary employment related to Census 2000 activities are excluded.

All income paid for TANF diversion payments and Retention Incentive Training Accounts payments are disregarded in determining the applicant or recipient's budget for Medicaid eligibility.

The income and resource methodologies that the less restrictive methodologies replace are as follows:

TN. No. 2000-06 Supersedes TN No. 2000-01

DEC 1 8 2000

Effective Date 7/1/00